Both parties must appear in person with a photo I.D. at the Town Clerk's Office to obtain a Marriage License. License fee of $30 and $20 for optional certified copy (mailed after wedding).

11/08 This form may be produced by the local registrar's office

State of Connecticut
Department of Public Health
MARRIAGE LICENSE WORKSHEET

GROOM/ SPOUSE   *BRIDE/ SPOUSE*

NAME (First) (Middle) (Last)	NAME (First) (Middle) (Last)

SEX	DATE OF BIRTH (Mo., Day, Year)	AGE	SEX	DATE OF BIRTH (Mo., Day, Year)	AGE

BIRTHPLACE	EDUCATION (No. Yrs. Completed)			BIRTHPLACE	EDUCATION (No. Yrs. Completed)		
	GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)		GRADES 1-8	GRADES 9-12	COLLEGE (1-5+)

RESIDENCE (No. and Street)	RESIDENCE (No. and Street)

CITY OR TOWN	COUNTY	STATE	CITY OR TOWN	COUNTY	STATE

RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO	RACE	SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR ☐ YES ☐ NO

FATHER'S NAME	FATHER'S NAME

MOTHER'S FULL MAIDEN NAME	MOTHER'S FULL MAIDEN NAME

FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)	FATHER'S BIRTHPLACE (State or Foreign Country)	MOTHER'S BIRTHPLACE (State or Foreign Country)

NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐MARRIAGE 2.☐CIVIL UNION	NO. OF THIS MARRIAGE	NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1.☐ MARRIAGE 2.☐ CIVIL UNION

LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER	LAST RELATIONSHIP ENDED BY: 1.☐ DEATH 2.☐DISSOLUTION 3.☐ ANNULMENT 4.☐PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER

SOCIAL SECURITY #	SOCIAL SECURITY #

OFFICIATOR INFORMATION   Phone of Officiator:

OFFICIATOR'S NAME   (FIRST)   (LAST)

OFFICIATOR'S ADDRESS

TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED: DATE OF MARRIAGE:

EAST HARTFORD

Office Use Only

1. Signature and Oath:		Send # _____ Certified Copies to:
2. Date Applied:		
3.Date Paid:		
4. Amount Paid:		
5. Contact Phone #		Date Received:
		Date Sent:
		Initials